

# M&E Global Capacity Building Series #1 Maatla Project

Building Capacity in Analysis of District HIV/AIDS Data:  
Workshop Report from Chobe Health District, October 2012

Baseline situation of data analysis & use in the district (based on participant feedback):

- Some critical data analysis is conducted during Technical Advisory Committee (TAC) and District Multi-sectoral AIDS Committee (DMSAC) meetings
- ✗ Data use is constrained by persistent gaps in data & concerns regarding data quality
- ✗ Data is rarely transformed into graphical outputs/charts for improved interpretation
- ✗ Data transmission/reporting to national level receives more attention than district-based analysis & use
- There are considerable opportunities & interest in strengthening data analysis & use in the district

FHI 360, through the support and funding of USAID/Botswana, is implementing the Maatla project, a five-year project aimed at significantly and sustainably strengthening the capacity of the civil society sector in Botswana to support HIV and AIDS and related health service delivery.

One component of the Maatla project is to strengthen the interface between Civil Society Organizations (CSOs) and government departments involved in the coordination of CSO HIV and AIDS responses. To further this objective, FHI 360 works with CSOs, the District AIDS Coordinator (DAC), District Health Management Teams (DHMTs), the National Alliance of State and Territorial AIDS Directors (NASTAD) and other relevant stakeholders to improve the M&E system—specifically its coordination, data quality and data use. In October 2012, in Kasane, Botswana, FHI 360 together with the National AIDS Coordinating Agency (NACA), the Ministry of Local Government, the DAC's office and DHMT, led an introductory data analysis workshop for government and CSO stakeholders supporting the HIV and AIDS response in Chobe District, Northern Botswana.

## OBJECTIVES

Specific objectives of this introductory workshop were to:

1. Present recent Chobe Health District data in different formats and reach consensus on how district teams can best present their routine data; and
2. Investigate the linkages between CSO and government programs, with a view to informing further development of the district data analysis plan.

## THE WORKSHOP

There were 35 participants, including representatives of NACA, the Ministry of Local Government, DAC, DHMT, Botswana Defence Force (BDF), Botswana Prisons Service, and six NGOs/CSOs implementing HIV and AIDS programs in the district. The workshop followed a participatory format, combining presentations of best practices and frameworks for routine data analysis, together with intensive practical exercises using up to date data from government and CSO activities in the district.

## PRESENTATIONS

In addition to an overview of the Maatla program, the workshop included two presentations, starting with an overview of FHI 360's M&E system in Nigeria, and its linkages with the government. Participants particularly appreciated the description of such a comprehensive M&E system, together with the well-defined dataflow system and timelines.

The second presentation, *'Different ways to present your routine data'*, highlighted relevant examples of how to present routine data in a way that facilitates interpretation and decision-making. This presentation showed in a simplified manner the pros and cons of using various forms of charts. For example, Figure 1 shows three different trends in the same indicator (% of ANC first visitors counseled and tested for HIV), comparing five different health facilities (A to E) in the same state and country, over the same period of time. Participants appreciated the skills building in how to select data presentation formats depending on the audience and intended use.

Indicator	Jan-Mar	Apr-Jun	Jul-Sep	Total
<b>ANC &amp; C&amp;T</b>				
Total # HHC patients	48	48		96
# new HHC patients	5	7		12
# HHC patients receiving support	48	48		96
Deaths among HHC patients	2	3		5
# registered HIV positive patients	7	7		14
# PLWH receiving care/monitoring			126	126
# of PLWH receiving adherence support			30	30
<b>ARV</b>				
# clients enrolled for ARV treatment	30	22	288	340
# clients eligible for ARV treatment	30	8	314	352
# clients currently on ARV treatment	2478	2549		5027
# started on ARV treatment	30	22	314	366
# deaths on ARV treatment	0	0	1	1
# discontinuing ARV treatment (lost)			40	40
<b>HIV Prevention and Treatment Distribution</b>				
# male condoms distributed	219340	219340		438680
# female condoms distributed	21931	19980		41911
# adults reached - HIV prevention			81	81
# people reached - HIV prevention	290	878	782	1350
<b>PHOTO</b>				
# ARV registered	179	82	189	449
# tested for HIV	100	78	149	327
# reached HIV test results	27	64	189	280
# reached HIV test results	10	11	24	45
# tested HIV positive	10.40	10.24	27	47.64

FIGURE 2. Workbook with key indicators by quarter

## GROUP WORK

Participants were divided into four groups (each with a flipchart and copy of the district data analysis workbook – Figure 2.), to work on four specific case studies arising from Chobe health district data, representing approximately 18 sites or service delivery points, from January to September, 2012. The objective of the exercises was to analyze Chobe district data in a manner that identifies strengths and weaknesses in specific program areas (e.g. HIV prevention, treatment), and/or current system of service delivery. The first two case studies were as follows:

### CASE STUDY 1

#### Population based Analysis of Counseling and Testing

Participants received 9 months of (available) counseling and testing data from Chobe Health District (both government and non-government) and were asked to use this data together with results from the last Botswana AIDS Indicator Survey (BAIS III, 2008), to answer the following:

- Approximately how many people have been tested in the district in the last 12 months?
- How does this compare with the 41% of people aged 10–64 years who reported being tested for HIV in the past 12 months nationally in 2008 (BAIS III)?
- What can we conclude about counseling and testing utilization in Chobe district?

### Charts like this show mixed messages:

% ANC first visitors counseled and tested for HIV in different health facilities from the same Sub-Saharan African country

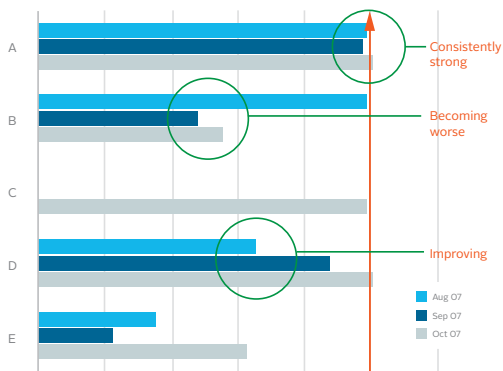


FIGURE 1. Chart illustrating different performance trends in ANC services across 5 facilities

- Are there any surprising results?
- Based on the data, where do we need to strengthen our efforts?

**Findings from case study 1 were as follows:**

1. Approximately 46% of individuals in the sexually active age group of Chobe district received an HIV test in the last 12 months compared to 41% nationally in the BAIS III. Therefore the district is performing well in terms of promoting and ensuring access to confidential and voluntary HIV testing services.
2. The gender bias in HIV positivity results (with females more affected by HIV than males) observed in 2008 (BAIS III) still holds true for the district.
3. The positivity rate for individuals aged 15–24 years was surprisingly low compared to the population estimates obtained from the BAIS III. This may indicate decreasing infections among this age group, and/or improved HIV test-seeking behaviour among individuals at lower risk.
4. Recent HIV testing efforts among MARPs have returned much higher HIV positivity results. There may be a need to enhance the targeting of efforts to these high risk populations.

## CASE STUDY 2

### Linkages Between Services — Counseling and Testing & Treatment

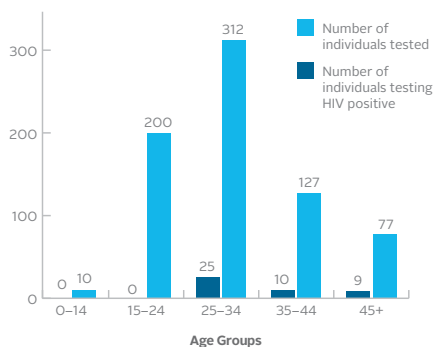
Participants received counseling and testing, and care/treatment data from Chobe Health District (both government and non-government) for January to September, 2012, and were asked to compare this with trends in ART enrolment, ART initiation, and NGO care/support results, to answer the following:

- Are individuals testing positive in the district being enrolled into care? Are those eligible for treatment initiating treatment?

- Look at this relationship both on a quarterly basis and for the overall 9 months — how does this change the interpretation regarding linkages?
- What can be concluded about the availability of NGO support services for people recently testing positive?

**Findings from this case study were as follows:**

1. In the first two quarters, only around 50% of individuals testing positive enrolled into care (on an aggregate basis). However a strong enrolment into care in the July to September quarter resulted in a very close relationship between these two variables over the entire period (i.e. it appeared as though nearly all individuals testing positive successfully enrolled into care).
2. Overall, about 95% of the number of individuals eligible for treatment during the period actually started treatment, indicating very strong linkages between these service components.
3. Around 60% of individuals testing positive received at least one care service from NGOs in the district, indicating there is room for improvement in access to support services for PLHIV.



**FIGURE 3.** Flipchart generated during group work for Case Study 1



**FIGURE 4.** Participants working on Case Study 2, linkages between services

## CONCLUSION AND RECOMMENDATIONS

Participants indicated this was the first time that Chobe District HIV and AIDS stakeholders engaged with their own data with such a high level of scrutiny. There was a very encouraging level of interest and positive attitudes towards learning, as evidenced by the following quotations:

*"This has helped me considerably in data analysis and how I can identify gaps. Also in the use of graphs, pie charts for easier interpretation of data."*

*"The workshop enabled me to analyse and compare data in a meaningful manner. I have learned different ways of presenting data and its importance."*

*"I'm in a better place to analyze data."*

*"Analyzing routine data can show linkages in programs and also allow implementers and managers to make use of the data to improve quality."*

*"Now I'm going to analyze data, unlike sending it raw like before."*

*"The way I have been displaying statistics is going to change."*

*"Analyzing data and drawing graphs makes data look better and more appealing."*

When asked to reflect on the workshop, recommendations from participants included the following:

- Robust analysis should be institutionalized on a quarterly basis through existing technical committee(s) in the district;
- The workshop should be lengthened in order to include sufficient time for drawing conclusions and planning the way forward;
- As data quality and data analysis are inextricably linked, some participants felt that training on data quality should have been included with, or preceded training on data analysis; and
- Information or reporting gaps must be filled to facilitate meaningful data analysis.

The workshop ended with an increased demand among district stakeholders for improved data flow to improve the timeliness and completeness of the district dataset, together with dissemination of data in a more systematic manner to guide and sharpen the focus of programme implementation, and enhance the utility of data for policy making. With effective mechanisms for data quality assurance still in development, improving this area of the M&E system will be highly complementary, or indeed a necessary prerequisite, to achieving the objective of making more out of routine data.